PTO/SB/22 (12-04)

<b>b</b>	onder the Paperwork Reduction Act of 1995, no persons are required			EPARTMENT OF COMME lays a valid OMB control nur				
ANT & TRADEM	FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2	Docket Number (Optional) 204552030500						
	Application Number 10/695,415		Filed Od	tober 29, 2003				
	For SEMICONDUCTOR LASER DEVICE MANUF DISKREPRODUCING AND RECORDING UN		HOD THEREOF, AND	OPTICAL				
·	Art Unit 2828		Examiner	T. T. Van Roy				
	This is a request under the provisions of 37 CFR 1.13 identified application.  The requested extension and fee are as follows (checking).		ired and enter the ap					
l l		<u>Fee</u>	Small Entity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00				
ļ	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
	Payment by credit card. Form PTO-2038 is attached.  X The Director has already been authorized to charge fees in this application to a Deposit Account.  X The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number  O3-1952  I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.  I am the applicant/inventor.  assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  X attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34.							
	regionation named in dealing at	1001 07 01 11 1.01		<del></del> ·				
	Signature		October 19, 2006  Date					
	Adam Keser			760-7301				
	Typed or printed name			one Number				
	NOTE: Signatures of all the inventors or assignees of record of the than one signature is required, see below.	entire interest or their repr	resentative(s) are required.	Submit multiple forms if more				

10/20/2006 SZEWDIE1 00000124 031952 10695415 01 FC:1251 120.00 DA

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

Under the Pa	perwork Reduction Act of	1995, no person are red	quired to res			ห Office; บ.5. DE เ unless it display			
Under the Paperwork Reduction Act of 1995, no person are required to refees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			4818)	Complete if Known					
			. 40,10).	Application Nun	nber 10	0/695,415			
FEE	TRANS		F	iling Date	0	ctober 29, 20	003		
For FY 2006			E	irst Named Inv	entor H	idenori KAW	ANISHI		
			E	Examiner Name	T.	T. Van Roy			
Applican	t claims small entity stat	us. See 37 CFR 1.27	· A	Art Unit	28	328			
TOTAL AMOU	NT OF PAYMENT	(\$) 920.00	P	Attorney Docket	No. 20	0455203050	0		
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	None	Other (	please identif	y):			
x Deposit Ac	count Deposit Account	Number: 03-1952 D	eposit Accou	nt Name:	Morr	ison & Foers	ter LLP		
For the	above-identified depo	osit account, the Di	rector is h	ereby authorize	ed to: (check	all that apply)	1		
X CI	harge fee(s) indicated	i below		Charg	e fee(s) indi	cated below, e	xcept for th	ne filing fee	
X CI	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCUI	LATION (All the fe	es below are du	e upon	filing or may	be subjec	t to a surch	arge.)		
<del></del>	G, SEARCH, AND E			<del> </del>	· · · · · ·				
	FI	LING FEES	SEAF	RCH FEES	EXAMINA	ATION FEES	;		
Application Ty	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65	•		
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300		<del></del>	
Provisional	200	100	0	0	0	0			
2. EXCESS CLA			v	Ŭ	v	v		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
	r 20 (including Reiss	ues)					50	25	
Each independe	ent claim over 3 (incl	uding Reissues)					200	100	
Multiple depend	dent claims						360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Pa	Paid (\$) Multiple Depe			ident Claims		
		× =			<u>Fee</u>	(\$)	Fee Paid (	<u>5)</u>	
HP = highest num	ber of total claims paid for	, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Pa	id (\$)					
12	`	× <u>200.00</u> =	800.	.00					
HP = highest num	ber of independent claims	paid for, if greater than	1 3.						
3. APPLICATIO			. ,						
	ation and drawings extended the state of the							0	
	action thereof. See 3				ioi sinan en	ity) for each a	idditional 3		
Total Sheet					ction thereof	Fee (\$)	Fee	Paid (\$)	
Total Sheets Extra Sheets Number of each additional 50 or fraction the							=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00									
SUBMITTED BY									
Signature	ah 2			Registration No. Attorney/Agent)	54,217	Telephone	(703) 76	0-7301	
Name (Print/Type)	Adam Keser			, , , , , , , , , , , , , , , , , , , ,		Date	October 1	19 2006	

SORWILLED BA					
Signature	ahr	Registration No. (Attorney/Agent)	54,217	Telephone	(703) 760-7301
Name (Print/Type)	Adam Keser		·	Date	October 19, 2006